

**CITY OF COLUMBUS
DEPARTMENT OF PUBLIC UTILITIES
WATER/SEWER TENANT DIRECT BILLING AGREEMENT**

Tenant: _____ Owner: _____

Premises Address: _____

Tenant Customer # _____ Owner Customer # _____

Tenant Social Security # _____ Owner Social Security # _____

Premises # _____

The undersigned agree that water/sewer bills for the above premises address are to be mailed directly to the above tenant for payment.

This agreement is subject to City of Columbus codes and regulations regarding the provision of water and sewer service by the Division of Water and Division of Sewerage and Drainage.

We understand that water/sewer service is granted solely on the basis of personal information submitted as part of this agreement and we do certify that all such information is correct. We agree that this application for service, when accepted by the City of Columbus, shall form a binding agreement governing the terms of all water and sewer services rendered to us by the City of Columbus.

In order to activate the Tenant Direct Billing Agreement it is necessary to obtain a reading on the **INSIDE WATER METER**. Please provide an **INSIDE** reading for the date you wish the Agreement to begin and enter the information in the spaces provided:

DATE THE METER READING WAS TAKEN: _____

READING ON THE INSIDE WATER METER: _____

READING ON THE OUTSIDE REGISTER: _____

*Note: If an **INSIDE READING** is not provided on this agreement, the Division of Water will send a meter reader to the property in an attempt to obtain an inside reading. **FAILURE TO OBTAIN THE INSIDE READING MAY RESULT IN AN INTERRUPTION OF WATER SERVICE. The Tenant Direct Billing Agreement WILL NOT become active until the inside reading is completed.***

Property owner signs here:

I understand and agree that tenants of premises covered by this agreement are to be authorized to receive water/sewer bills as agents for me. I agree to comply with property owner responsibilities as described in Columbus City Code 1105.045.

Once the Tenant Direct Billing Agreement becomes effective, I understand that I will receive copies of all bills and delinquent/turn-off notices regarding the above property. I also understand that tenants may be granted payment extensions on delinquent bills and by signing this agreement I authorize the City of Columbus to grant such extensions.

Property owner's name (please print)

Mailing address

Property owner's signature

Date

Phone Number

Tenant signs here:

I understand and agree to prompt payment of any and all water/sewer bills for the above service address that are mailed directly to me for payment during the period I am leasing the premises covered by this agreement.

Tenant's name (please print)

Tenant's signature

Date

Tenant's Phone Number

Please return completed form to: Department of Public Utilities, Customer Service Center, 910 Dublin Road, Columbus, Ohio 43215-9060 or Fax: 614-645-0222